



INDIANA STATE POLICE INTERNSHIP APPLICATION

Name (La	ıst, First, Middle Iı	nitial):		
Date of B	irth (MM/DD/YY):	Age:	
Home Ad	dress:			
County of	Residence:			
Campus A	Address:			
Cell Phon	e Number:			
Other Pho	one Number:			
College/U	Jniversity Attendir	ıg:		
Year in So	chool:			
Current G	PA:			
	4.0 Scale	5.0 Scale		
If accepte	d, will this interns	hip be for college credit? _	YesNo	
District of	f Choice for Intern	ship:		
Schedule	Requested for Inte	rnship:		
Option 1 ((16 weeks, 10 hr/v	/k)		
-	(8 weeks, 20 hr/wl			
Other (to	be discussed at int	erview)		
•		,		
Semester	applying for:			
Eo11	Carina	Carronna		

Are you a U.S. Citizen?YesNo	
Do you have a valid Driver's License?YesNo	
Driver's License State:	
Driver's License Number:	
Have you ever been arrested as a juvenile (under the age of 18)?	YesNo
Date of Arrest?	
Charge?	
Have you ever been arrested as an adult?YesNo	
Date of Arrest?	
Charge?	
Are you willing to submit to a Driver's License Check?YesN	
Are you willing to submit to a Criminal History Check?YesN	
Are you willing to submit to a Sex Offender's Registry Check?Yo	
Are you willing to submit to a Local Wants and Warrants Check?	YesNo
Are you willing to be fingerprinted?YesNo	
REFERENCES	
#1. Name:	
Relationship:	
Phone Number: Email:	
#2. Name:	
Relationship:	
Phone Number: Email:	
#3. Name:	
Relationship:	
Phone Number: Email:	
**All applicants shall complete and attach a 400-500 word paper expl	
for an Internship with the Indiana State Police and what he/she is look	ting to learn from it.

Applications and attached papers shall be submitted via mail to:

Indiana State Police Human Resources Division Attn: Recruiting Section 100 N. Senate Ave. IGCN Indianapolis, IN 46204

Or emailed to Sergeant Anthony Emery at aemery@isp.in.gov

ALL APPLICATIONS MUST BE RECEIVED ON/BEFORE APPLICATION DEADLINE TO BE CONSIDERED. NO EXCEPTIONS.